



STATE OF ARKANSAS

Amended Individual Income Tax Return and Instructions

GENERAL INSTRUCTIONS

If you need to adjust your Arkansas Income Tax Return, complete either the enclosed AR1000A or the AR1000ANR Amended Form.

This package contains:

1. Instructions to complete form AR1000A and AR1000ANR.
2. Form AR1000A, Full Year Resident form.
3. Form AR1000ANR, Nonresident and Part-Year Resident form.
4. Tax Tables.

An Amended Tax Return for refund of an overpayment of Arkansas State Income Tax must be filed within three (3) years from the time the original return was filed or two (2) years from the time the tax was paid, whichever period expires the later. When filing an Amended Return for the current year, please allow time for the original AR1000 or AR1000NR return to process. If you are due a refund on the original return, please wait until you receive your refund check before you file the Amended Return. Please cash the original refund check upon receipt.

If you are notified by the Income Tax Section that there is an error on your original return, **do not file an Amended Return until you receive your refund or Notice of Proposed Billing and/or Tax Adjustment Letter.**

If your Federal Return is adjusted by the IRS for any reason, it may change your Arkansas income tax liability. You must file an Amended Return to reflect these adjustments within thirty (30) days in accordance with Arkansas tax law.

NOTE: *If amending to change your filing status from single (status 1), unmarried head of household (status 3), or married filing separately on different returns (status 5), you cannot add a spouse using status 2 or 4 unless the spouse has already filed an AR1000/AR1000NR return.*

HOW TO COMPLETE FORMS AR1000A/AR1000ANR

The following instructions will apply to both forms unless indicated.

STAPLE ALL REQUIRED W-2(s), SCHEDULES AND EXPLANATIONS TO THE RETURN.

NAME AND ADDRESS

Complete all information regarding name, address, city, state, zip code, social security numbers, tax year you are amending and telephone numbers.

FILING STATUS AND RESIDENCY (Line 1 through Line 6)

Please check the appropriate filing status (single, married filing joint, etc.) that applies to you. Be sure to include any residency or Federal information requested on the Amended Form.

PERSONAL CREDITS (Line 7A through Line 7D)

Line 7A. Check the box or boxes that apply to you and/or your spouse. You cannot claim any of these credits for your children or dependents. Multiply the number of boxes checked by \$20.00 and enter the result in the box at the right.

Line 7B. Multiply the number of dependents listed by \$20.00 and enter the result in the box at the right.

Line 7C. Multiply the number of retarded children listed by \$500.00 and enter the result in the box at the right. If you are claiming the "Retarded Child Credit" for the first time, you must attach the form AR1000RC5 to the Amended Return.

Line 7D. Add the amounts listed in Lines 7A, 7B, and 7C and enter the result in the box at the right.

Check if your return was adjusted by the IRS or not. If it was, ATTACH A COPY OF THE FEDERAL REPORT.

NET TAXABLE INCOME (Line 8 through Line 12)

Part 1. Report the information you originally filed on your AR1000 or AR1000NR Arkansas Tax Return, or as previously adjusted. Please enter these amounts on the appropriate lines.

Part 2. Report the information that is being adjusted. Enter the amounts as you are amending them and if you change the "Itemized Deduction Schedule" please be sure you attach an amended copy.

NOTE: *If you are filing the AR1000A (Full Year Resident), you must list the total income from all sources in column(s) A and/or B.*

If you are filing the AR1000ANR (Nonresident and Part Year Resident) you must list the total income from all sources in column(s) A and/or B. List only the Arkansas income in column C. DO NOT USE THE SHAD-ED AREAS IN COLUMN C.

NOTE: *Line 9. Adjustments to Income. Recent changes in the Arkansas law changed Moving Expenses from an Itemized deduction to an adjustment to income for tax year 1995 and subsequent years.*

Support for Permanently Disabled Child is an adjustment to income and not a personal tax credit. (Retarded Child Credit is a personal tax credit.)

TAX COMPUTATION (Lines 13 through 17)

GENERAL INFORMATION

For both forms AR1000A and AR1000ANR, use the net taxable income from column(s) A and/or B. The amounts in these columns reflect the total income from all sources. Nonresidents filing the AR1000ANR - DO NOT USE COLUMN C TO COMPUTE THE TAX FROM THE TAX TABLES. Your tax liability will be prorated in the tax apportionment section on page 2 of AR1000ANR.

CAPITAL GAIN - If you have a capital gain reported on Federal Schedule D on both the "Net long-term capital gain" line and the line combining the "Net short-term capital gain" line and the "Net long-term capital gain" line in Part III of the Federal Schedule D, use the Arkansas Capital Gains Tax Computation Worksheet or AR1000DGW to calculate your tax. This allows for the 6% tax rate limitation on cap-

ital gains and figures the tax on the rest of the income accordingly. If you fall in this category, figure the worksheet and enter the result on Line 13. If it is to your advantage to use the standard deduction table or the itemized deduction table (depending if you itemized deductions or not) you are not required to use the capital gains worksheet. If you do not fall into this category, follow the instructions listed below under "No Capital Gain".

NO CAPITAL GAIN - Use the net taxable income on Line 12 to find your income range and enter the appropriate tax on Line 13 based on the tax table provided.

Line 14. Enter the total of Lines 13A and 13B on Line 14.

Lines 15 and 16. Enter the amount of tax from the averaging schedule (AR1000TD) on Line 15 and IRA withdrawal and/or overpayment penalties on Line 16. Be sure to attach any applicable schedules.

Line 17. Enter the total of Lines 13 through 16.

TOTAL CREDITS (Line 18 through Line 23)

NOTE: The credit for taxes paid to another state is not available to nonresidents but may be partially available to part-year residents. The only way that a part-year resident can claim this credit is when the income reported while a resident of Arkansas in column C of Form AR1000NR is also being taxed in another state. You can only receive credit for the amount of tax paid to another state based upon the amount of income that is being double taxed while you are a resident of Arkansas.

Add Lines 18 through 23 and enter the amount of credits on Line 24.

TAX LIABILITY (LINES 25 AND 26)

AR1000A - (FULL YEAR RESIDENTS ONLY), Subtract Line 24 from Line 17 and enter this amount on Lines 25 and 26.

AR1000ANR - (NONRESIDENTS AND PART YEAR RESIDENTS ONLY). Subtract Line 24 from Line 17 and enter this amount on Lines 25 and 26. This is your net tax before apportionment. Go to tax apportionment.

TAX APPORTIONMENT (FOR USE WITH AR1000ANR ONLY). If you are using AR1000ANR, enter the adjusted income from Line 10, part 2 and enter the total on Line 26A. Divide the amount on Line 26A by the amount on Line 26B and round this percentage to the nearest fractional percent and enter on Line 26C. This percentage represents the ratio between your Arkansas income and your total income (your Arkansas percentage of income). Multiply the tax liability on Line 26 by the percentage on Line 26C and enter result on Line 26D. This amount is your Arkansas apportioned tax liability.

PAYMENTS (LINE 27 THROUGH 33)

Enter all payments on Line 27 through 31 and enter the total of these payments on Line 32. If you have been issued a corrected W-2, be sure to attach the state copy. On Line 33, enter the amount of any previous

overpayment/refund/estimate carried forward from your original tax return and/or any previous amended tax return. The amount of overpayment/refund is the gross amount of your refund and may not necessarily be the amount of your refund check. Check the overpayment/refund line on your original tax return. Line 29 (Early Childhood Program) is for tax years 1992 and after. Subtract Line 33 from 32. This is the amount which will be applied to your Arkansas tax liability.

REFUND OR AMOUNT DUE

If Line 34 is greater than Line 26 of the AR1000A or Line 26D of the AR1000ANR, you have overpaid your tax. Enter the difference on Line 35. This is your refund.

If Line 26 of the AR1000A or Line 26D of the AR1000ANR is greater than Line 34, you owe additional tax. Enter the difference on Line 36. This is the amount you owe. You cannot use your estimate carry forward from your AR1000/AR1000NR to pay amount due on an Amended Return.

You must provide a complete explanation of your reasons for filing the Arkansas Amended Return. Be sure to attach all necessary documentation and additional schedules. If you have been audited by the Internal Revenue Service, be sure to attach a complete copy of the Federal Audit. Failure to attach the proper documentation could delay the processing of your amended return.

Please mail your Amended Tax Return to:

Arkansas State Income Tax
Amended Tax Section
P. O. Box 3628
Little Rock, Arkansas 72203-3628

If you owe tax, please mail your check payable to:

Department of Finance and Administration

Be sure to write your Social Security Number on your check.

If you have any questions concerning the Arkansas Amended Tax Form, please contact the Arkansas Income Tax Section at either (501) 682-1100 or toll free at 1-800-882-9275 and access the Amended segment of the recording.

AR1000A

STATE OF ARKANSAS
Amended Individual Income Tax Return

FULL YEAR RESIDENTS AMENDING ALL TAX YEARS

Effective Date: January 1, 1998

Tax Year Amending: I _____ Fiscal Year Ending: I _____	FOR OFFICE USE ONLY	I File Date _____	I Amount Paid _____	I Your Social Security Number _____
I First Name and Initial: (List both if applicable) _____		I Last Name _____		I Spouse Social Security Number _____
I Present Address: Number and Street, Apartment Number or Rural Route _____				I Prep. I.D. _____
I City, Town or Post Office, State and Zip Code _____			Telephone Numbers Work: _____ Home: _____	

CHECK ONLY ONE BOX BELOW:	
1. <input type="checkbox"/> SINGLE: (Or widowed or divorced before the end of the tax year you are amending.)	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON SAME RETURNS:
2. <input type="checkbox"/> MARRIED FILING JOINT: (Even if only one had income)	5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS: (Enter spouse's full name here and SSN above). _____
3. <input type="checkbox"/> HEAD OF HOUSEHOLD: If the qualifying person is your child but not your dependent, enter this child's name here: _____	6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. (Year spouse died): 19____ .

7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF QUALIFYING WIDOW(ER)		
7B. First name(s) of dependent(s): _____ Multiply number of boxes checked from Line 7A..... <input type="checkbox"/> x 20.00 =		00
_____ Multiply number of dependent(s) from Line 7B..... <input type="checkbox"/> x 20.00 =		00
7C. First name(s) of retarded child(ren): _____ Multiply number of retarded child(ren) from Line 7C..... <input type="checkbox"/> x 500.00 =		00
7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 18)7D		00

Has Your Tax Return Been Adjusted By the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Attach Reports.
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INCOME	PART 1: ORIGINAL		PART 2: AMENDED	
	A. YOURS	B. SPOUSE	A. YOURS	B. SPOUSE
8. Total Income..... 8.	00	00	8.	00
9. Adjustments to Income..... 9.	00	00	9.	00
10. Adjusted Gross Income..... 10.	00	00	10.	00
11. Itemized Deductions..... 11.	00	00	11.	00
12. Net Taxable Income..... 12.	00	00	12.	00

TAX COMPUTATION		A. YOURS	B. SPOUSE
13. Select tax table: (Enter tax from table). 13.	<input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> STANDARD Table 2 <input type="checkbox"/> ITEMIZED Table 3 <input type="checkbox"/> AR1000DGW	00	00
14. Tax: (Enter total from Lines 13A and 13B). 14.			00
15. Enter tax from ten (10) year averaging schedule: (Attach AR1000TD). 15.			00
16. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329 if required)..... 16.			00
17. TOTAL TAX: (Add Lines 14-16. Enter here). 17.			00

TAX CREDITS:			
18. Personal tax credit(s): (Enter total from Line 7D). 18.		00	
19. State Political Contributions Credit: (Attach Schedule AR1800). 19.		00	
20. Other State tax credit(s): [Attach copy of other State return(s)]. 20.		00	
21. Child care credit(s): (Attach Federal Form 2441 or 1040A, 10% of Federal credit allowed). 21.		00	
22. Credit for adoption expenses: (Attach Federal Form 8839, 20% of Federal credit allowed). 22.		00	
23. Business and incentive tax credits: (Attach Schedule and certificate). 23.		00	
24. TOTAL CREDITS: (Add Lines 18-23). 24.			00
25. NET TAX: (Subtract Line 24 from Line 17. Enter here). 25.			00

26. NET TAX: (From Line 25).		26.		00
PAYMENTS				
27. Arkansas Income Tax withheld:	27.		00	
28. Estimated tax paid or credit brought forward from last year:	28.		00	
29. Early childhood program: Certification No.: _____ Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed and Certification Form AR1000EC).	29.		00	
30. Amount Paid with Return.....	30.		00	
31. Amount Paid after Return was filed.....	31.		00	
32. TOTAL PAID. (Add Lines 27 through 31. Enter here).	32.		00	
33. Enter prior Overpayment/Refund/Estimate carried forward.....	33.		00	
34. TOTAL PAYMENTS: (Subtract Line 33 from Line 32. Enter here).	34.		00	
REFUND OR TAX DUE				
35. AMOUNT TO BE REFUNDED TO YOU: (If Lines 34 is greater than Line 26, enter here).			35.	00
36. AMOUNT DUE: (If line 26 is greater than Line 34 , enter here).			36.	00
PLEASE SIGN HERE				
Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature:		Occupation:		Date:
Spouse's Signature:		Occupation:		Date:
Paid Preparer's Signature:		ID Number / SSN:		
Name:	City/State/ZIP:		Mail to: Arkansas State Income Tax Amended Tax Group P. O. Box 3628 Little Rock, Arkansas 72203-3628	
Address:	Telephone:			
Explanation for filing Amended Return (Attach schedules if applicable):				

AR1000ANR

STATE OF ARKANSAS
Amended Individual Income Tax Return
NONRESIDENTS AND PART-YEAR RESIDENTS AMENDING ALL TAX YEARS

Effective Date: January 1, 1998

Tax Year Amending: I _____ Fiscal Year Ending: I _____		FOR OFFICE USE ONLY		I File Date _____		I Amount Paid _____		I Your Social Security Number _____					
I First Name and Initial: (List both if applicable) _____				I Last Name _____				I Spouse Social Security Number _____					
I Present Address: Number and Street, Apartment Number or Rural Route _____								I Prep. I.D. _____					
I City, Town or Post Office, State and Zip Code _____						Telephone Numbers _____ Work: _____ Home: _____							
Non-residents: (List State of residence) _____				Part-Year Residents: (List period of residency in Arkansas during tax year) From: _____ To: _____									
CHECK ONLY ONE BOX BELOW: 1. <input type="checkbox"/> SINGLE: (Or widowed or divorced before the end of the tax year you are amending.) 2. <input type="checkbox"/> MARRIED FILING JOINT: (Even if only one had income) 3. <input type="checkbox"/> HEAD OF HOUSEHOLD: If the qualifying person is your child but not your dependent, enter this child's name here: _____ 4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON SAME RETURNS: 5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS: (Enter spouse's full name here and SSN above). _____ 6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. (Year spouse died): 19_____. 7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF QUALIFYING WIDOW(ER) 7B. First name(s) of dependent(s): _____ Multiply number of boxes checked from Line 7A..... <input type="checkbox"/> x 20.00 = _____ Multiply number of dependent(s) from Line 7B..... <input type="checkbox"/> x 20.00 = _____ 7C. First name(s) of retarded child(ren): _____ Multiply number of retarded child(ren) from Line 7C..... <input type="checkbox"/> x 500.00 = _____ 7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 18)7D _____													
<i>Has your tax return been adjusted by the IRS?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach reports.</i>													
INCOME		PART 1: ORIGINAL				PART 2: AMENDED							
		A. Your Total Income All Sources		B. Spouse Total Income All Sources		C. Arkansas Income Only		A. Your Total Income All Sources		B. Spouse Total Income All Sources		C. Arkansas Income Only	
8. Total Income: 8.		00		00		00		8. 00		00		00	
9. Adjustments to Income: 9.		00		00		00		9. 00		00		00	
10. Adjusted Gross Income: 10.		00		00		00		10. 00		00		00	
11. Itemized Deductions: 11.		00		00				11. 00		00			
12. Net Taxable Income: 12.		00		00				12. 00		00			
TAX COMPUTATION													
13. Select tax table: (Enter tax from table). 13.													
<input type="checkbox"/> LOW INCOME <input type="checkbox"/> STANDARD <input type="checkbox"/> ITEMIZED <input type="checkbox"/> AR1000DGW Table 1 Table 2 Table 3													
14. Tax: (Enter total from Lines 13A and 13B). 14.													
15. Enter tax from ten (10) year averaging schedule: (Attach AR1000TD). 15.													
16. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329 if required)..... 16.													
17. TOTAL TAX: (Add Lines 14-16. Enter here). 17.													
TAX CREDITS:													
18. Personal tax credit(s): (Enter total from Line 7D). 18.													
19. State Political Contributions Credit: (Attach Schedule AR1800). 19.													
20. Other State tax credit(s): [Attach copy of other State return(s)]. 20.													
21. Child care credit(s): (Attach Federal Form 2441 or 1040A, 10% of Federal credit allowed). 21.													
22. Credit for adoption expenses: (Attach Federal Form 8839 , 20% of Federal credit. allowed). 22.													
23. Business and incentive tax credits: (Attach Schedule and certificate). 23.													
24. TOTAL CREDITS: (Add Lines 18-23). 24.													
25. NET TAX: (Subtract Line 24 from Line 17. Enter here). 25.													

26. NET TAX: (From Line 25).		26.		00
26A. Enter the amount from Line 10, Part 2, Column C:		26A.		00
26B. Enter the total amount from Line 10, Part 2, Columns A and B:		26B.		00
26C. Divide Line 26A by 26B. Enter percentage.		26C.		%
26D. APPORTIONED TAX LIABILITY: (Multiply Line 26 by Line 26C).		26D.		00
PAYMENTS				
27. Arkansas Income Tax withheld:		27.		00
28. Estimated tax paid or credit brought forward from last year:		28.		00
29. Early childhood program: Certification No.: _____ Attach Federal Form 2441 ... or 1040A, 20% of Federal credit allowed and Certification Form AR1000EC).		29.		00
30. Amount Paid with Return.....		30.		00
31. Amount Paid after Return was filed.....		31.		00
32. TOTAL PAID. (Add Lines 27 through 31. Enter here).		32.		00
33. Enter prior Overpayment/Refund/Estimate carried forward.....		33.		00
34. TOTAL PAYMENTS: (Subtract Line 33 from Line 32. Enter here).		34.		00
REFUND OR TAX DUE				
35. AMOUNT TO BE REFUNDED TO YOU: (If Line 34 is greater than Line 26D, enter here).....		35.		00
36. AMOUNT DUE: (If Line 26D is greater than Line 34, enter here).		36.		00
PLEASE SIGN HERE Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature:		Occupation:		Date:
Spouse's Signature:		Occupation:		Date:
Paid Preparer's Signature:		ID Number / SSN:		
Name:		City/State/ZIP:		Mail to: Arkansas State Income Tax Amended Tax Group P. O. Box 3628 Little Rock, Arkansas 72203-3628
Address:		Telephone:		
Explanation for filing Amended Return:				